

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>107030223</b>	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		2					53					
4		2					54					
5		1					55					
6		1					56					
7		2					57					
8		1					58					
9							59					
10							60					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	9	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓
TOTAL CLAIMS	/ /						TOTAL CLAIMS					